

## Trust Board Report

<b>Meeting Date:</b>	25 February 2013
<b>Title:</b>	Stroke Services Review
<b>Executive Summary:</b>	To update the Trust Board with regard to the NHS Midlands and East proposed review of the model of stroke services.
<b>Action Requested:</b>	The Trust Board is asked to note the report.
<b>Report of:</b>	Director of Planning & Contracting
<b>Author: Contact Details:</b>	Head of Emergency Planning & Business Continuity <a href="mailto:Diane.preston@nhs.net">Diane.preston@nhs.net</a>
<b>Resource Implications:</b>	Nil
<b>Public or Private: (with reasons if private)</b>	Public session
<b>References: (egg from/to other committees)</b>	Report to the Trust Board in October 2012
<b>Appendices/ References/ Background Reading</b>	NHS Midlands and East Board reports
<b>NHS Constitution: (How it impacts on any decision-making)</b>	<p>In determining this matter, the Trust Management Team should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>• Equality of treatment and access to services</li> <li>• High standards of excellence and professionalism</li> <li>• Service user preferences</li> <li>• Cross community working</li> <li>• Best Value</li> <li>• Accountability through local influence and scrutiny</li> </ul>

## Background Details

The Board received a report in October 2012, providing an update on the review of stroke services, including the proposals by the NHS Midlands and East to enhance the specification for the delivery of hyper acute, acute and community stroke services and to reduce the number of hospitals delivering hyper acute stroke services.

The review:

- Aims to achieve a step change in stroke care for people across the Midlands and East by improving the quality of life following stroke and the experience of patients;
- Covers the entire pathway of stroke care for adults, from pre-hospital care through to rehabilitation/social care and end of life
- Intends to keep good practice and only make changes that will lead to improvements
- Will build on existing good practice in the NHS

The process of review has been overseen through the establishment of an external expert advisory group (EEAG) and driven locally through the cardiovascular networks. RWT has actively engaged in the process and submitted proposals as required to deliver hyper acute services for the populations of Wolverhampton, Walsall, Stafford and Cannock and the Seisdon Peninsular, as well as setting out plans to continue the delivery of acute and community stroke services for the residents of Wolverhampton, Stafford and the Seisdon Peninsular.

## Progress and actions to date

Activity undertaken over the past quarter:

- Wave 3 submission – each of the networks have been required to submit a network solution for the future configuration of stroke services to the NHS Midlands and East by the 15<sup>th</sup> February 2013.
- All providers have been requested to complete a proposal to the network by the 7<sup>th</sup> February 2013, setting out:
  - The proposed set of services to be provided i.e. hyper acute, acute, community
  - The provider plans for the delivery against the enhanced service specification including – clinical models, configuration of beds, workforce and financial data.
  - Current performance against key standards
  - Plans to improve performance where delivery falls below the standards required
  - Support from commissioners.
- It is anticipated that the EEAG will provide feedback to the networks by the 27<sup>th</sup> February 2013 on the proposed network solutions. However it is understood that the Birmingham and Black Country Region has yet to agree a system solution, namely the final number of hyper acute stroke providers and the location of these across the Region.

	<ul style="list-style-type: none"> <li>Given the commissioning landscape changes and the withdrawal of the networks the future management of the stroke services review is expected to transfer to the NHS Commissioning Board Local Area Teams (LAT's) and the Clinical Commissioning Groups (CCG's). The networks are supporting the new CCG's to develop a framework to take the review process forward, beyond March 2013.</li> </ul>
<p><b>The Royal Wolverhampton NHS Trust's Submission</b></p>	
	<p>RWT provided an updated submission to the network as required on the 7th February 2013, to outline a proposal to deliver Hyper Acute Stroke Services to the populations of Wolverhampton, Walsall, Stafford and Cannock and the Seisdon Peninsular, as well as setting out plans to continue the delivery of acute and community stroke services for the residents of Wolverhampton, Stafford and the Seisdon Peninsular.</p> <p>The submitted document built upon the wave 2 submission which received positive feedback from the network and the EEAG.</p> <p>The EEAG did require some additional modelling work to be undertaken for this submission which amended some of the early assumptions regarding bed numbers and staffing and these were factored into the submission. This has impacted upon the potential financial envelope required to deliver the proposed configuration of stroke services and this is being considered by the commissioners.</p> <p>Dialogue has continued with the Walsall Healthcare NHS Trust and a further meeting of senior clinical leads is due to take place in February 2013 to further develop the joint clinical modelling and protocols which will be required once a decision on location is made by commissioners.</p>
<p><b>Commissioner Engagement</b></p>	
	<p>A series of meetings and communications have taken place with the two Staffordshire and Wolverhampton Clinical Commissioning Groups (CCGs). The three CCG's have strongly supported the Trust's bid to become a Hyper Acute Stroke Unit and all have provided the Trust with letters of support which have been presented with our submission to the network.</p>
<p><b>Next Steps</b></p>	
	<p>The current activity being led by the cardiovascular networks on behalf of the NHS Midlands and East is establishing the optimum number of Trusts who will be commissioned to deliver hyper acute stroke services. This exercise is modelling patient populations, clinical outcomes and activity assumptions to determine this number.</p> <p>The NHS Midlands and East have yet to announce how the process of approving the location of the hyper acute units will be undertaken, however given the withdrawal of the networks this will be led by the LAT's and the CCG's over the coming months. Subject to the final proposals there may also be required a period of public consultation of the options being considered,</p>

should this be required it will be led by commissioning groups.

RWT will continue to:

- engage in the review process and respond to the network/CCG's as required
- engage with the Walsall Healthcare NHS Trust and develop clinical models and protocols in preparation for the expected reconfiguration changes
- monitor the delivery of the stroke service clinical outcomes against the required standards
- model the potential impact of the proposed reconfiguration